

Product-Plan Data Collection

Company Legal Name:	Aetna Health Inc. (a PA corp.)	State:	KY
HIOS Issuer ID:	34822	Market:	Small Group
Effective Date of Rate Change(s):	1/1/2016		

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		Aetna POS												
Product ID:		34822KY006												
Metal:		Gold	Gold	Gold	Silver	Silver	Silver	Silver	Silver	Bronze	Bronze	Silver	Silver	Silver
AV Metal Value		0.814	0.811	0.792	0.714	0.708	0.718	0.683	0.681	0.616	0.612	0.706	0.681	0.708
AV Pricing Value		1.116	1.075	0.978	0.967	0.869	0.937	0.893	0.763	0.725	0.741	0.989	0.936	0.831
Plan Type:		POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS
Plan Name		KY Gold HNOption 500 80/50	KY Gold HNOption 1000 80/50	KY Gold HNOption 1500 80/50 Integrated	KY Silver HNOption 2000 80/50	KY Silver HNOption 2600 80/50 HSA EMB	KY Silver HNOption 3500 80/50	KY Silver HNOption 5000 80/50	KY Silver HNOption 5400 Integrated	KY Bronze HNOption 5000 80/50 HSA EMB	KY Bronze HNOption 6350 100/50	KY Silver HNOption 3000 100/50 HSA EMB	KY Silver HNOption 3000 100/50 HSA TIF	KY Silver HNOption 2600 80/50 HSA TIF
Plan ID (Standard Component ID):		34822KY0060001	34822KY0060002	34822KY0060003	34822KY0060004	34822KY0060005	34822KY0060006	34822KY0060007	34822KY0060008	34822KY0060009	34822KY0060010	34822KY0060011	34822KY0060012	34822KY0060013
Exchange Plan?		No	No	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2		0.00%												
Historical Rate Increase - Calendar Year - 1		0.00%												
Historical Rate Increase - Calendar Year 0		0.00%												
Effective Date of Proposed Rates		1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016
Rate Change % (over prior filing)		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)		-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
Proj'd Per Rate Change % (over Exper. Period)		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %		0.00%												

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	34822KY0060001	34822KY0060002	34822KY0060003	34822KY0060004	34822KY0060005	34822KY0060006	34822KY0060007	34822KY0060008	34822KY0060009	34822KY0060010	34822KY0060011	34822KY0060012	34822KY0060013
Inpatient	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Outpatient	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Prescription Drug	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Capitation	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Taxes & Fees	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Risk & Profit Charge	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Rate Increase	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Cost Share Increase	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Average Current Rate PMPM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Projected Member Months	4,000	334	333	333	250	250	250	250	250	500	500	250	250	250

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	34822KY0060001	34822KY0060002	34822KY0060003	34822KY0060004	34822KY0060005	34822KY0060006	34822KY0060007	34822KY0060008	34822KY0060009	34822KY0060010	34822KY0060011	34822KY0060012	34822KY0060013
----------------------------------	-------	----------------	----------------	----------------	----------------	----------------	----------------	----------------	----------------	----------------	----------------	----------------	----------------	----------------

Plan Adjusted Index Rate	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Premium (TP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EHB Percent of TP, [see instructions]	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EHB Percent of TAC, [see instructions]	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Amt of Rein	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Net Amt of Risk Adj	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

tion IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	34822KY0060001	34822KY0060002	34822KY0060003	34822KY0060004	34822KY0060005	34822KY0060006	34822KY0060007	34822KY0060008	34822KY0060009	34822KY0060010	34822KY0060011	34822KY0060012	34822KY0060013
Plan Adjusted Index Rate	\$514.63	\$640.42	\$617.36	\$561.71	\$555.03	\$498.64	\$537.97	\$512.79	\$438.09	\$416.12	\$425.66	\$567.95	\$537.08	\$476.86
Member Months	4,000	334	333	333	250	250	250	250	250	500	500	250	250	250
Total Premium (TP)	\$2,058,523	\$213,900	\$205,581	\$187,049	\$138,758	\$124,660	\$134,493	\$128,198	\$109,523	\$208,060	\$212,830	\$141,988	\$134,270	\$119,215
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$2,205,440	\$199,784	\$192,502	\$179,542	\$147,596	\$133,840	\$142,371	\$142,611	\$122,125	\$256,858	\$262,624	\$153,182	\$145,485	\$126,920
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$645,568	\$37,220	\$36,364	\$37,417	\$42,153	\$39,028	\$40,149	\$45,265	\$38,982	\$98,608	\$101,898	\$45,066	\$46,410	\$37,010
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$1,559,872	\$162,564	\$156,138	\$142,125	\$105,443	\$94,812	\$102,223	\$97,346	\$83,143	\$158,250	\$160,726	\$108,116	\$99,075	\$89,910
Net Amt of Rein	-\$9,000	-\$752	-\$749	-\$749	-\$563	-\$563	-\$563	-\$563	-\$563	-\$1,125	-\$1,125	-\$563	-\$563	-\$563
Net Amt of Risk Adj	-\$600	-\$50	-\$50	-\$50	-\$38	-\$38	-\$38	-\$38	-\$38	-\$75	-\$75	-\$38	-\$38	-\$38



